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Fill in this informat	ion to identify your case:	
Debtor 1	Holly Waugh	_
Debtor 2 (Spouse, if filing)		_
United States Ban	kruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	19-15747	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	<u>rm 106l</u>	MM / DD/ YYYY
Schedule	I: Your Income	12/15
Be as complete ar	nd accurate as possible. If two married people are filing together (Debt	or 1 and Debtor 2), both are equally responsible for

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment						
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
If y	If you have more than one job,		■ Employed	☐ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed			
	employers.	Occupation	Secretary	Unemployed			
	Include part-time, seasonal, or self-employed work.	Employer's name	R&R Provisions				
	Occupation may include student or homemaker, if it applies.	Employer's address					
		How long employed th	nere?				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

non-filing spouse	non			
\$ 0.00	\$	2,637.82	\$	2.
+\$ 0.00	+\$	0.00	+\$_	3.
\$0.00_	\$	2,637.82	\$	4.

For Debtor 1 For Debtor 2 or

Official Form 106l Schedule I: Your Income page 1

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Debt	tor 1	Holly Waugh		_	(Case number (if kno	wn)	19-1	5747		
						For Debtor 1			Debtor 2 -filing sp		
	Сор	y line 4 here		4.		\$ 2,637.	82	\$		0.00	
_		all manners in the decast area									
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Secur	•	5a.		\$ 345.		\$_		0.00	
	5b.	Mandatory contributions for retin	•	5b.			00	\$_		0.00	
	5c.	Voluntary contributions for retire Required repayments of retirements	-	5c.			00	\$_ \$		0.00	
	5d. 5e.	Insurance	ent fund loans	5d. 5e.		\$ 179. \$ 433.		\$ 		0.00	
	5f.	Domestic support obligations		5f.			00	\$ 		0.00	
	5g.	Union dues		5g.		·	00	\$_		0.00	
	5h.	Other deductions. Specify:		5h.		·	00	: —		0.00	
6.	hhΑ	the payroll deductions. Add lines	5a+5h+5c+5d+5e+5f+5a+5h	— 6.		\$ 957.		\$		0.00	
7.		culate total monthly take-home pay		7.		\$ 1,680.		\$ 		0.00	
				٠.		Ψ 1,000.	23	Ψ_		0.00	
8.	8a.	all other income regularly received Net income from rental property									
	ou.	profession, or farm	and nom operating a sacinose,								
		Attach a statement for each proper									
		receipts, ordinary and necessary b monthly net income.	usiness expenses, and the total	8a.		\$ 0.	00	\$		0.00	
	8b.	Interest and dividends		8b.		·	00	\$ 		0.00	
	8c.		ou, a non-filing spouse, or a dependent		•	<u> </u>		Ψ		0.00	
		regularly receive									
			child support, maintenance, divorce	0-		Ф .		Φ.			
	04	settlement, and property settlemen	IT.	8c.			00	\$_		0.00	
	8d. 8e.	Unemployment compensation Social Security		8d. 8e.			00	\$_ \$		0.00	
	8f.	Other government assistance th	at you regularly receive	00.		Ψ	00	Ψ_		0.00	
	01.		alue (if known) of any non-cash assistance	е							
			nps (benefits under the Supplemental								
		Nutrition Assistance Program) or h Specify:	ousing subsidies.	8f.		\$ 0.	^^	\$		0.00	
	8g.	Pension or retirement income		— 8g.		·	00 00	\$ —		0.00	
	og.	rension of retirement income	Anticipated pro-rated tax refund	og.	•	Ψ	00	Ψ		0.00	
	8h.	Other monthly income. Specify:	based on prior return	8h.	.+	\$ 300.	00	+ \$		0.00	
			•		г						7
9.	Add	all other income. Add lines 8a+8b-	+8c+8d+8e+8f+8g+8h.	9.	1	\$300.	00	\$_		0.00	
					_		$\overline{}$		1		1
10.	Calc	culate monthly income. Add line 7	+ line 9.	10.	\$_	1,980.25	+ \$_		0.00 =	\$	1,980.25
	Add	the entries in line 10 for Debtor 1 and	d Debtor 2 or non-filing spouse.	L							
11.	Stat	e all other regular contributions to	the expenses that you list in Schedule	∍ J .							
	Inclu	ide contributions from an unmarried p	partner, members of your household, you		nde	ents, your roomn	nates	s, and			
		r friends or relatives.	uded in lines 2-10 or amounts that are not	availa	hle	a to nav evnence	e liet	ad in (Schodulo	,	
	Spe	,	idea in lines 2-10 of amounts that are not	avalla	אוטוכ	e to pay expense	S IISI	50 III C	11.		0.00
12.			ine 10 to the amount in line 11. The res								
			hedules and Statistical Summary of Certa	in Lial	bilit	ties and Related	Data	, if it	12.	¢	1,980.25
	appl	les							12.	Ψ	1,000.20
										Combin	
12	Do s	Ou expect an increase or decrease	e within the year after you file this form	12					r	nonthly	income
13.	=	No.	o manification you me this form	••							
	_	Yes. Explain:									
	_										